

# **NHS Hampshire & Isle of Wight Integrated Care Board and Southampton City Council**

## **Health and Care Partnership Board (HCPB)**

### **Terms of Reference**

#### **1 Introduction**

1.1 The HCPB will work in partnership to:

- a) Provide strategic oversight of performance and delivery of health and care outcomes.**
- b) Provide strategic oversight and scrutiny of system spend within Southampton and ensure that health and care spend within Southampton is as efficient and effective as possible to meet the agreed outcomes.**
- c) Hold responsibility for strategic commissioning decisions (including strategies, plans and services).**
- d) Where necessary, conduct detailed discussion and challenge between Board Members to resolve operational issues.**
- e) Include the voice of local communities via Southampton Healthwatch and Southampton Voluntary Services and encourage the co-production of services where possible.**

For more information see **3. Purpose**.

1.2 The HCPB will have a strategic overview of health & care issues relating to performance and delivery, spend and commissioned strategies and plans which ultimately will improve the health & care of residents in Southampton. The overarching aims of the Board are to:

- Help people live more independent, healthier lives for longer
- Address inequalities in health and wellbeing outcomes, experiences and access to health services
- Improve life chances and health outcomes of babies, children, and young people; and
- Improve people's overall wellbeing and prevent ill-health

1.3 The HCPB will be accountable to NHS Hampshire & Isle of Wight Integrated Care Board and if necessary, this is where concerns will be escalated. Accountability and escalation for City Council matters will be via Executive Management Board and if necessary, the City Council's Cabinet.

1.4 Membership will be made up of Board Members from NHS Hampshire & Isle of Wight Integrated Care Board, commissioned providers of health and care services, and

Southampton City Council. For more information on membership see 7. Chair & Membership.

## 2 Principles

2.1 The HCPB will play a key role in developing a culture of partnership by working together with the following principles:

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| <p style="text-align: center;"><b>Trust</b></p> <ul style="list-style-type: none"> <li>• We will be dependable: we will do what we say we will do and when we can't, we will explain to others why not.</li> <li>• We will act with integrity and consistency, working in the interests of the population that we serve.</li> <li>• We will be willing to take a leap of faith because we trust that partners will support us in the challenges we face.</li> <li>• Where there is disagreement, we will be prepared to concede a little to reach consensus.</li> </ul> | <p style="text-align: center;"><b>Courage</b></p> <ul style="list-style-type: none"> <li>• We will be ambitious and willing to do something different to improve health and care for the local population.</li> <li>• We will be willing to make difficult decisions and take proportionate risks for the benefit of the local population.</li> <li>• We will be open to changing course if required.</li> </ul> |
| <p style="text-align: center;"><b>Openness and honesty</b></p> <ul style="list-style-type: none"> <li>• We will be open and honest about what we can and cannot do.</li> </ul>  | <p style="text-align: center;"><b>Leading by example</b></p> <ul style="list-style-type: none"> <li>• We will be committed to playing our part in delivering the vision.</li> <li>• We will positively promote collaborative working across our organisations.</li> </ul>  |
| <p style="text-align: center;"><b>Respect</b></p> <ul style="list-style-type: none"> <li>• We will be inclusive and encourage all partners to contribute and express opinions.</li> <li>• We will listen actively to others without jumping to conclusions based on assumptions.</li> <li>• We will take time to understand others' point of view and empathise with their position.</li> <li>• We will respect and uphold collective decisions made.</li> </ul>  | <p style="text-align: center;"><b>System First</b></p> <ul style="list-style-type: none"> <li>• We will spend the Southampton pound together and once.</li> <li>• We will develop, agree and uphold a collective and consistent narrative.</li> <li>• We will present a united front to regulators.</li> </ul>   |
| <p style="text-align: center;"><b>Looking Forward</b></p> <ul style="list-style-type: none"> <li>• We will focus on what is possible going forward, and not allow the past to dictate the future.</li> <li>• We will be open-minded and willing to consider new ideas and suggestions.</li> <li>• We will show willingness to change the status quo and demonstrate a positive "can do" attitude.</li> <li>• We will be open to conflict resolution.</li> </ul>   |  |

2.3 Throughout its work the HCPB will champion the four purposes of an integrated care system as defined by NHS England:

- To improve outcomes in population health and healthcare.
- To tackle inequalities in outcomes, experience, and access.
- To enhance productivity and value for money.
- To help the NHS support broader social and economic development.

### **3 Purpose**

The HCPB will work to improve the lives and health of residents of Southampton by working in partnership to:

#### **3.1 Provide strategic oversight of performance and delivery of health & care outcomes**

3.1.1 The HCPB will hold to account providers on their delivery of health and care outcomes for Southampton residents. It will have oversight of performance and delivery across the following health and care providers:

- University Hospital Southampton
- Hampshire & Isle of Wight Health Care NHS Foundation Trust
- Primary Care
- Pharmacy, Optometry and Dentistry
- NHS Hampshire & Isle of Wight Integrated Care Board (for directly delivered provision)
- Children's Services, Southampton City Council
- Adults' Services, Southampton City Council
- Public Health, Southampton City Council

3.1.2 The above providers will be required to report on performance via an agreed dashboard incorporating key metrics and performance indicators. Contract monitoring and review will be integral to the above process and include analysis and involvement of strategic commissioning specifically for Southampton Place.

3.1.3 If the HCPB has concerns about performance and delivery by a provider it will escalate to the NHS Hampshire & Isle of Wight Integrated Care Board or if relating to Southampton City Council provided services, to Southampton City Council Executive Management Board and if necessary Cabinet.

3.1.4 The HCPB will oversee development and implementation of the Health & Care Plan. Please see Section 4 for more information.

#### **3.2 Provide strategic oversight and scrutiny of system spend within Southampton and ensure that health and care spend within Southampton is as efficient and effective as possible to meet the agreed outcomes.**

3.2.1 The HCPB work in partnership to proactively address the financial constraints within the system. At each meeting the appointed Finance Partner from Southampton City Council and Deputy Finance Director from the ICB will provide a written finance report showing:

- System spend for the present and next year, including detail of where the spend is taking place (at Place or System)
- Proposed future spending
- Efficiencies together with their impact

#### 3.2.2 The HCPB will:

- Collectively agree actions and mitigations in relation to system over-spend, and where it is not possible to mitigate concerns, escalate to the Chief Executive of the relevant organisation for urgent action and assurance.
- Identify opportunities for pooled funds.
- Agree (subject to the financial decision-making limits of the Council and the ICB) all financial planning commitments across areas of integrated commissioning responsibility for pooled or non-pooled budgetary provision.

### **3.3 Hold responsibility for the Better Care Fund (as delegated by the Health & Wellbeing Board) and strategic commissioning decisions (including strategies, plans and services).**

#### 3.3.1 Better Care Fund

The Board will have oversight of all schemes established under the Better Care Fund Section 75 Partnership Agreement and any other remaining Partnership Agreements which in some cases may have their own specific Partnership Board under the NHS Health Act 2006 flexibilities and Local Government Act 1972 (s113). This includes shadow-monitoring of schemes under development and scrutiny of their ability for future inclusion in the BCF Partnership Agreement or other Partnership Agreements.

#### 3.3.2 Commissioned Services

The HCPB will have oversight of:

- Services that are funded/commissioned solely by the City Council or ICB, but where funding is aligned to deliver a jointly agreed strategy.
- Services that are jointly funded/commissioned by the ICB and City Council.
- Any other areas relevant for the achievement of the outcomes of commissioned services.
- Any future bids of joint interest.

#### 3.3.3 The HCPB will:

- Approve and monitor the development and implementation of the Health & Care Plan to ensure it meets agreed priorities, objectives, savings and performance targets and aligns commissioning arrangements with partners' financial and business planning cycles.
- Ensure compliance with rules and restrictions associated with any other blocks of funding, including specific grant funding.

- Receive and consider reports on service development, budget monitoring, audit and inspection reports in relation to those services, which are the subject of formal partnership arrangements.
- Seek assurance on the quality and safety of commissioned services in relation to key performance indicators and standards.
- Promote quality and identify how the health and wellbeing strategic intentions and priorities of partners will be supported and enabled through integrated commissioning.

**3.4 Where necessary, the HCPB will conduct detailed discussion and challenge between Board Members to resolve operational issues.**

**3.5 The HCPB will include the voice of local communities via Southampton Healthwatch and Southampton Voluntary Services and encourage the co-production of services where possible.**

**4 Role and Responsibilities**

4.1 Members of the HCPB will ensure engagement with all stakeholders in order to achieve the remit of the HCPB and the wider requirements in support of the Integrated Care System for Hampshire and the Isle of Wight.

4.2 In achieving its role, the HCPB will develop a Health & Care Plan and suite of corresponding outcome measures which it will oversee. It will recommend the strategy and outcome measures to NHS Hampshire & Isle of Wight Integrated Care Board, City Council and other members of the HCPB for approval. In working efficiently, the Health & Care Plan will be combined with the Health and Wellbeing Strategy for publication 2026.

The Health & Care Plan will:

- Be built from population health and care management data and local assessments of need (including the Joint Strategic Needs Assessment) with a specific focus on reducing inequalities and improving population health
- Consider communities that have or may have specific and or unique needs because of their characteristics
- Address the challenges that the health and care system cannot address alone, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes
- Include the strategic direction and work plan and Section 75 agreements which will be published and made widely available and reviewed annually.

**5 Delegated authority and cooperation**

5.1 The HCPB is authorised by and accountable to NHS Hampshire and Isle of Wight Integrated Care Board for NHS services and Southampton City Council for Section 75 and other agreed commitments.

**6 Governance**

6.1 In agreeing to be a member of the HCPB, all agree to cooperate with any reasonable request made by the HCPB to enable it to fulfil its responsibilities in line with relevant internal decision-making procedures of each member organisation.

## **7 Chair and Membership**

7.1 The HCPB will be chaired on a rota to be reviewed on a 6 monthly basis by:

- Director of Strategy and Partnerships, NHS Hampshire & Isle of Wight Integrated Care Board and
- Executive Director Wellbeing (Children & Learning), Southampton City Council

7.2 Board Membership be made up of the following executive, clinical, elected member, professional, partnership, voluntary sector and Healthwatch members. Representatives from provider organisations will be determined by the Chief Executive of that organisation.

## Board Members

7.3 Attendance will be as determined by Chief Executives of health and care provider organisations thus ensuring the most appropriate attendee to bring influence and financial scrutiny. For the City Council, the Leader of the Council will nominate Councillor representatives to the HCPB.

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| NHS Hampshire & Isle of Wight Integrated Care Board        | Director of Strategy and Partnerships                     |
|  | Clinical Director   |
|  | Partnerships Director                                     |
|  | Director of Finance (non-voting)                          |
| Southampton City Council                                   | Cabinet Member for Adults & Health                        |
|  | Cabinet Member for Children & Learning                    |
|  | Executive Director, Wellbeing (Children & Learning) (DCS) |
|  | Executive Director, Community Wellbeing (DASS)            |
|  | Director of Public Health                                 |
|  | Director of Finance (non-voting)                          |
| Primary Care Network                                       | GP and Clinical Director x 2                              |
| University Hospital Southampton NHS Foundation Trust       | Senior UHS Executive Lead                                 |
| Hampshire & Isle of Wight Health Care NHS Foundation Trust | Senior Trust Executive Lead                               |
| Healthwatch Southampton                                    | Chair (non-voting)  |
| Southampton Voluntary Services                             | Chief Executive Officer (non-voting)                      |

7.4 The Chair may call additional individuals to attend meetings to inform discussions. These individuals will be present at meetings and contribute to discussions but will not be permitted to participate in any vote.

7.5 In the event that neither of the HCPB Chairs are available, the meeting will be rearranged, or the meeting will nominate a deputy Chair to preside over the matters to be discussed.

## 8 Meetings

8.1 The HCPB will meet in closed sessions every 2 months. Minutes of each will be shared via email with Board Members on a confidential basis.

8.2 Meeting dates will be set at the beginning of the year for the coming year, although these are subject to change if required. Invitations to meetings will be sent to Board Members as calendar invitations and Board Members are requested to accept or decline each invite to show their intent to attend.

- 8.3 Attendance at each meeting will be recorded, and where this falls below 70% of meetings in a financial year, this will be escalated to the Chief Executive of that organisation. Where a nominated representative attends a meeting on behalf of a Board Member, attendance for that Board Member will be recorded as complete.
- 8.4 At the beginning of each meeting, Board Members must declare any interest relating to any matter to be discussed at the meeting. The policy on business standards and managing conflicts of interest for the Board Member's organisation will apply. If there is no policy held by that organisation, the ICB's policy will apply.

## **9 Quorum and Voting**

- 9.1 The HCPB will achieve consensus decision-making wherever possible. If a formal vote is required, voting Board Members will have one vote each, and decisions will be taken by a majority of Board Members present. If a majority vote is not achieved the proposal will not be passed. If a vote is tied, the Chair will **not** have a second or casting vote.
- 9.2 A quorum will be achieved with seven voting members, one of which must be the:
- Executive Director, Wellbeing (Children & Learning) (DCS) **or** the Executive Director, Community Wellbeing (DASS), Southampton City Council
  - Director of Strategy and Partnerships, NHS Hampshire & Isle of Wight Integrated Care Board
  - Clinical Director, NHS Hampshire & Isle of Wight Integrated Care Board
- 9.3 Healthwatch Southampton and Southampton Voluntary Services will be non-voting Board Members, as are the Finance Directors.
- 9.4 Meetings will take place in person. Virtual attendance may be accepted in exceptional circumstances at the Chair's approval.
- 9.5 Members of the HCPB have a collective responsibility for the operation of the meeting and are required to participate in read papers in advance, participate in discussion, review evidence, provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

## **10 Dispute resolution**

- 10.1 Where a dispute or concern arises, this should be brought to the attention of the Chair. The matter will be discussed, and a course of action agreed, having sought appropriate advice, and having due regard to the principles of the HCPB as set out in 2. Principles. If a resolution cannot be found, the matter will be escalated to the ICB or if relating to SCC, via SCC processes as outlined in 1.2.

## **11 Policy and best practice**

- 11.1 The HCPB may request the attendance of individuals and authorities from outside of the Board with relevant experience and expertise if it considers this necessary for or expedient to exercise its responsibilities.



- 11.2 The HCPB is authorised to obtain such information from Board Members as is necessary and expedient to the fulfilment of its responsibilities and Board Members will be expected to cooperate with any such reasonable request.
- 11.3 The HCPB is authorised to establish such sub-committees as it deems appropriate in order to assist the HCPB in discharging its responsibilities.
- 11.4 The HCPB will be conducted in accordance with the ICB policy on business standards, and any similar policies held by Board Member organisations, specifically:
- There must be transparency and clear accountability.
  - The HCPB will hold a Register of Members Interests which will be presented to each meeting of the HCPB and available on the websites of the ICB, Local Authorities and other members websites.
  - Members must declare any interests and /or conflicts of interest at the start of the meeting. Where matters on conflicts of interest arise, the individual must withdraw from any discussion/voting until the matter(s) is concluded.
- 11.5 The HCPB shall undertake a self-assessment of its effectiveness on an annual basis. This may be facilitated by independent advisors if the HCPB considers this appropriate or necessary.
- 11.6 Members of the HCPB should aim to attend all scheduled meetings and a record of attendance will be kept.
- 11.7 HCPB members should maintain the highest standards of personal conduct and in this regard must comply with:
- The 7 Principals of Public Life, otherwise known as the Nolan Principles [The Seven Principles of Public Life - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
  - Any additional regulations or codes of practice adopted by the member organisations.

## **12 Board Management**

- 12.1 Duties of the Board Manager include but are not limited to:
- Agreement of the agenda with the Chair(s), together with the collation of connected papers
  - Taking minutes and keeping a record of matters arising, issues to be carried forward and an action log
  - Providing advice on issues of governance
  - Contributing to the work of the HCPB as required.
- 12.2 An agenda and papers will be sent to all Board Members five clear working days in advance of each meeting.
- 12.3 If a HCPB member wishes to include an item on the agenda, they must notify the Chair via the Board Manager no later than ten clear working days prior to the meeting. In exceptional circumstances for urgent items this will be reduced to five clear working days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Chair.

12.4 Minutes of HCPB meetings will be sent to all Board Members a maximum of ten working days after each meeting.

## **12 Confidentiality**

12.1 All attendees must treat the contents of the meeting and any relevant papers as confidential.

## **13 Review of Terms of Reference**

13.1 The terms of reference of the HCPB will be approved by all members and subject to review annually at the beginning of the new financial year by Board Members.

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